



Homeland  
Security  
Investigations

A#: 40 061 311

Date: 1/13/11

(b)(7)(c)

NAME: KHAN, Samir

DOB: 12/25/85

COB: Saudi Arabia

COC: USC

Immigration Status: Nat USC

New Leads Generated:

TECS Review	<input checked="" type="radio"/> Y <input type="radio"/> N	Date <u>1/13/11</u>
Open field case	<input type="radio"/> Y <input checked="" type="radio"/> N	Location:
Agent contacted	<input type="radio"/> Y <input checked="" type="radio"/> N	Agent:
A-file Review	<input checked="" type="radio"/> Y <input type="radio"/> N	Date <u>04/15/2011</u>
Lead sent	<input type="radio"/> Y <input checked="" type="radio"/> N	Office:
Case Closed	<input checked="" type="radio"/> Y <input type="radio"/> N	Date: <u>04/15/2011</u>

A-file Review:

I-130



I-485

I-765

N-400

Other: Imm VISA

COMMENTS: No Inter/Intra agency conflict found -  
A FILE CONTAINS ONLY IMMIGRANT VISA - SUBJECT  
WAS 7 YOA AT TIME OF ENTRY

<b>IMMIGRANT VISA AND ALIEN REGISTRATION</b>		<b>IV-40,061,311</b>
<b>OF:</b> KHAN, <sup>(Family Name)</sup> SAMIR <sup>(First Name)</sup> ZAFAR <sup>(Middle Name)</sup>		<input checked="" type="checkbox"/> THE IMMIGRANT HAS BEEN PREVIOUSLY IN THE UNITED STATES
<b>ACTION BY:</b> IMMIGRATION INSPECTOR NEW YORK, N.Y. 2413  JUL 26 1992 ADMITTED <u>F33</u> UNTIL _____ (CLASS) A 40061311	THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA <i>(Name of vessel or flight no. of arrival)</i> JUL 26 1992 8V 029 CITY AND COUNTRY OF BIRTH RIYADH, SAUDI ARABIA CITY AND COUNTRY OF LAST RESIDENCE RIYADH, SARB MARITAL STATUS <input type="checkbox"/> M <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	INS FILE #, IF KNOWN  INELIGIBILITY FOR VISA WAIVED UNDER SECTION <input type="checkbox"/> 212(e) <input type="checkbox"/> 212(h) <input type="checkbox"/> 212(g) <input type="checkbox"/> 212(i) MO-DAY-YR OF BIRTH 25DEC1985 NATIONALITY PAKISTANI (b)(6)
<b>FINAL ADDRESS IN THE UNITED STATES</b> STREET ADDRESS, INCLUDE—IN CARE OF & APT# 88-21 191ST STREET HOLLIS, NY 11423	SEC. 212(a)(14) LABOR CERTIFICATION <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> ATTACHED OCCUPATION STC STUDENT SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the bearer to enter the United States if at the time he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.		
AMERICAN <u>EMBASSY</u> AT <u>RIYADH, SAUDI ARABIA</u>  Consular Officer of the United States of America  FOREIGN SERVICE UNITED STATES OF AMERICA Tariff No. 21 Fee Paid \$75 Local Cy, Equiv. _____		<b>IMMIGRANT CLASSIFICATION</b> CLASSIFICATION SYMBOL F33 FOREIGN STATE/OTHER AREA LIMITATION PAKISTAN IMMIGRANT VISA NO. RID199123001404 40061311 ISSUED ON (Day) (Month) (Year) 26APR1992 THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF (Day) (Month) (Year) 23AUG1992 <b>PASSPORT</b> NO. F974800 OR OTHER TRAVEL DOCUMENTS (Describe) ISSUED TO BY ON EXPIRES <b>IV-40,061,311</b>
ACTION OF I.J. PROCESSED FOR I-55 TEMPORARY EVIDENCE OF LAWFUL ADMISSION FOR PERMANENT RESIDENCE VALID UNTIL 25 1993 EMPLOYMENT AUTHORITY		Info given to IRS on date of 1-551 U.S. INS. Issuance: Name, Addr, DOB, A#, Class of Adm, Occup & answers to Form 9003.



## APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

## PART II - SWORN STATEMENT

**INSTRUCTIONS:** Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form. **DO NOT SIGN** this form until instructed to do so by the consular officer. The fee for filing this application is listed under tariff item No. 20. The fee should be paid in United States dollars or local currency equivalent, or by bank draft, when you appear before the consular officer.

**WARNING:** Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be grounds for your prosecution and/or deportation.

This form is a continuation of Form OF-230 PART I, which together, constitute the complete Application for Immigrant Visa and Alien Registration.

24. FAMILY NAME <b>KHAN</b>	FIRST NAME <b>SAMIR</b>	MIDDLE NAME <b>ZAFAR</b>
--------------------------------	----------------------------	-----------------------------

25. ADDRESS (Local) <b>P.O. Box 7068 RIYADH 11462 SAUDI ARAB</b> Telephone No. <b>464 1946</b>	26. FINAL ADDRESS TO WHICH YOU WILL TRAVEL IN THE UNITED STATES (Street address including ZIP code) <b>88-21, 191 ST STREET HOLLIS, N.Y 11423</b> Telephone No. <b>718-465-8195</b>
--	--

27. [Redacted]	NAME AND ADDRESS OF SPONSORING PERSON OR EMPLOYER  (b)(6)
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29. PURPOSE IN GOING TO THE UNITED STATES <b>IMMIGRATION</b>	30. LENGTH OF INTENDED STAY (If permanently, so state) <b>PERMANENTLY</b>
---	--

31. INTENDED PORT OF ENTRY <b>NEW YORK</b>	32. DO YOU HAVE A TICKET TO FINAL DESTINATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

33. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer YES or NO to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.

**EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN THE FOLLOWING CLASSIFICATIONS ARE INELIGIBLE TO RECEIVE A VISA. DO ANY OF THE FOLLOWING CLASSES APPLY TO YOU?**

a. An alien who has a communicable disease of public health significance, or has or has had a physical or mental disorder that poses, or is likely to pose a threat to the safety or welfare of the alien or others; an alien who is a drug abuser or addict. [212(a)(1)]

YES ☐ NO ☒

b. An alien convicted of, or who admits committing a crime involving moral turpitude, or violation of any law relating to a controlled substance; an alien convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; an alien coming to the United States to engage in prostitution or commercialized vice, or who has engaged in prostitution or procuring within the past 10 years; an alien who is or has been an illicit trafficker in any controlled substance; an alien who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution. [212(a)(2)]

YES ☐ NO ☒

c. Alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, overthrow of the Government of the United States, or other unlawful activity; an alien who seeks to enter the United States to engage in terrorist activities; an alien who has been a member of or affiliated with the Communist or any other totalitarian party; an alien who under the direction of the Nazi government of Germany, or any area occupied by, or allied with the Nazi Government of Germany, ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion; an alien who has engaged in genocide. [212(a)(3)]

YES ☐ NO ☒

d. An alien who is likely to become a public charge. [212(a)(4)]

YES ☐ NO ☒

e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; an alien graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent. [212(a)(5)]

YES ☐ NO ☐  
Not Applicable ☒

f. An alien previously deported within one year, or arrested and deported within 5 years; an alien who seeks or has sought a visa, entry into the United States, or any U.S. immigration benefit by fraud or misrepresentation; an alien who knowingly assisted any other alien to enter or try to enter the United States in violation of the law; an alien who is in violation of Section 274C of the Immigration Act. [212(a)(6)]

YES ☐ NO ☒

g. An alien who is permanently ineligible to U.S. citizenship; a person who has departed the United States to evade military service in time of war. [212(a)(8)]

YES ☐ NO ☒

h. An alien who is coming to the United States to practice polygamy; an alien who is a guardian required to accompany an excluded alien; an alien who withholds custody of a child outside the United States from a United States citizen granted legal custody. [212(a)(9)]

YES ☐ NO ☒

i. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement. [212(e)]

YES ☐ NO ☒

If the answer to any of the foregoing questions is YES or if unsure, explain in the following space or on a separate sheet of paper.

34. Have you ever been arrested, convicted or ever been in a prison or almshouse; have you ever been the beneficiary of a pardon or an amnesty; have you ever been treated in an institution or hospital or other place for insanity or other mental disease. [222(a)]

YES ☐ NO ☒

35. I am unlikely to become a public charge because of the following:

☐ Personal financial resources (describe)

☐ Employment (attach)

☒ Affidavit of Support (attach)

36. Have you ever applied for a visa to enter the United States?

YES ☐NO ☒

NOT APPLICABLE

(If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa, and whether the visa was issued or refused.)

37. Have you been refused admission to the United States?

YES ☐NO ☒

(If answer is Yes, explain)

NOT APPLICABLE

38. Were you assisted in completing this application?

YES ☐NO ☐

NOT APPLICABLE

(If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)

NAME

ADDRESS

RELATIONSHIP

39. The following documents are submitted in support of this application:

☒ Passport

☒ Birth certificate

☐ Marriage certificate

☐ Death certificate

☐ Divorce decree

☐ Military record

☐ Police certificate

☐ Medical records

☒ Photographs

☐ Birth certificates of all children who will not be immigrating at this time. (List those for whom birth certificates are not available.)

☐ Evidence of own assets

☒ Affidavit of support

☐ Offer of employment

☐ Other (describe)

### DO NOT WRITE BELOW THE FOLLOWING LINE

The consular officer will assist you in answering items 40 and 41.

40. I claim to be exempt from ineligibility to receive a visa and exclusion under item \_\_\_\_\_ in Part 33 for the following reasons:

212(a)(5)

Beneficiary of a Waiver under:

☐ Not Applicable

☐ Not Required

☐ Attached

☐ 212(a)(3)(D)(i)

☐ 212(a)(3)(D)(ii)

☐ 212(a)(3)(D)(iv)

☐ 212(e)

☐ 212(g)(1)

☐ 212(g)(2)

☐ 212(h)

☐ 212(i)

41. I claim to be:

☒ A Family-Sponsored Immigrant

☐ An Employment Based-Immigrant

☐ A Diversity Immigrant

☐ A Special Category (Specify) \_\_\_\_\_

(Returning resident, Hong Kong, Tibetan, Private Legislation, etc.)

☐ I derive foreign state chargeability under Sec. 202(b) through my \_\_\_\_\_

I am subject to the following:

☒ Preference: F33

☒ Numerical limitation: P1KST  
(foreign state)

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Optional Forms 230 PART I and 230 PART II combined, have been made by me, including the answers to items 1 through 41 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

(b)(6)

Samin Khan (by mother)  
(Signature of Applicant)

The relationship claimed in items 14 and 15 verified by documentation submitted to consular officer except as noted:

Subscribed and sworn to before me this 18th day of April, 1992 at Riyadh, Saudi Arabia

Kenneth S. [Signature]  
(Consular Officer)



## APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

## PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

WARNING: Any false statement or concealment of a material fact may result in your permanent expulsion from the United States.

This form is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.

1. FAMILY NAME <del>BRANDON</del> KHAN		FIRST NAME SAMIR	MIDDLE NAME ZAFAR
2. OTHER NAMES USED OR BY WHICH KNOWN (If married woman, give maiden name) NONE			
3. FULL NAME IN NATIVE ALPHABET (If Roman letters not used) سَمِير زَفَر خان			
4. DATE OF BIRTH (Day) (Month) (Year) 25 12 85	5. AGE 6 YEARS	6. PLACE OF BIRTH (City or town) (Province) (Country) RIYADH CENTRAL SAUDI ARAB	
7. NATIONALITY (If dual national, give both) PAKISTAN	8. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. MARITAL STATUS <input checked="" type="checkbox"/> Single (Never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Including my present marriage, I have been married _____ times.	
10. PERSONAL DESCRIPTION a. Color of hair BROWN b. Color of eyes BROWN c. Height 122 CM d. Complexion WHEATISH		11. OCCUPATION STUDENT	
12. MARKS OF IDENTIFICATION NONE		13. PRESENT ADDRESS P.O. Box 7068 RIYADH 11462 SAUDI ARAB Telephone number: Home 464-1946 Office —	
14. NAME OF SPOUSE (Maiden or family name) (First name) (Middle name) Date and place of birth of spouse: NOT APPLICABLE Address of spouse (If different from your own):			
15. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN NOT APPLICABLE			
NAME	DATE AND PLACE OF BIRTH	ADDRESS (If different from your own)	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

16. PERSON(S) NAMED IN 14 AND 15 WHO WILL ACCOMPANY OR FOLLOW ME TO THE UNITED STATES.

NOT APPLICABLE

17. NAME

If deceased, so state, giving year of death)

(b)(6)

18. MAILING ADDRESS

ADDRESS (If deceased, so state, giving year of death)

19. IF NEITHER PARENT IS LIVING PROVIDE NAME AND ADDRESS OF NEXT OF KIN (nearest relative) IN YOUR HOME COUNTRY.

NOT APPLICABLE

20. LIST ALL LANGUAGES YOU CAN SPEAK, READ, AND WRITE

LANGUAGE

SPEAK

READ

WRITE

ENGLISH

YES

YES

YES

URDU

YES

NO

NO

ARABIC

NO

YES

NO

21. LIST BELOW ALL PLACES YOU HAVE LIVED FOR SIX MONTHS OR LONGER SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.

NOT APPLICABLE

CITY OR TOWN

PROVINCE

COUNTRY

OCCUPATION

DATES (FROM - TO)

22. LIST ANY POLITICAL, PROFESSIONAL, OR SOCIAL ORGANIZATIONS AFFILIATED WITH COMMUNIST, TOTALITARIAN, TERRORIST OR NAZI ORGANIZATIONS WHICH YOU ARE NOW OR HAVE BEEN A MEMBER OF OR AFFILIATED WITH SINCE YOUR 16TH BIRTHDAY.

NAME AND ADDRESS

NOT APPLICABLE

FROM/TO

TYPE OF MEMBERSHIP

23. LIST DATES OF ALL PREVIOUS RESIDENCE IN OR VISITS TO THE UNITED STATES. (If never, so state) GIVE TYPE OF VISA STATUS IF ANY. GIVE I.N.S. "A" NUMBER IF ANY.

LOCATION

FROM/TO

VISA

I.N.S. FILE NO. (If known)

NEW YORK

JUN '88 - AUG '88

B-2

SIGNATURE OF APPLICANT

Samir Zafar Khan.

DATE

18/4/'92.

NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.



**Additional Questions to be Completed by All Applicants  
for Permanent Residence in the United States**

Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

Name (Last — Surname — Family) (First — Given) (Middle Initial)

K HAN

SAMIR

ZAFAR

Taxpayer Identification Number

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., " \_ \_ \_ \_ \_ , N O , N E , ".

\_ \_ \_ \_ \_ N O N E

	Mark appropriate column	
	Yes	No
1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.		NO
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.		NO
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.		NO
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		NO

If you answered yes to question 4, for which tax year was the last return filed? ..... 19\_\_ \_\_

NOT APPLICABLE

**Paperwork Reduction Act Notice.**—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to insure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Remarks



# MEDICAL EXAMINATION OF APPLICANTS FOR UNITED STATES VISAS

PLACE

Obeid Hospital

DATE OF EXAMINATION (Mo., Day, Yr.)  
19-2-92

At the request of the American Consul at

CITY

Riyadh

COUNTRY

Saudi Arabia

I certify that on the above date I examined

NAME (Last in CAPS)

(First)

(Middle)

DATE OF BIRTH  
(Mo., Day, Yr.)

SEX

☐ F ☒ M

KHAN

Samir

Zafar

1985

WHO BEARS PASSPORT NO.

ISSUED BY

ON

F 974800

Riyadh

1990

## GENERAL PHYSICAL EXAMINATION

I examined specifically for evidence of the conditions listed below. My examination revealed:

- ☒ No apparent defect, disease, or disability  
☐ The conditions listed below were found (Check boxes that apply)

### CLASS A CONDITIONS (Give pertinent details under Remarks)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chancroid           | <input type="checkbox"/> Hansen's Disease, Infectious                           | <input type="checkbox"/> Tuberculosis, Active                         |
| <input type="checkbox"/> Gonorrhea           | <input type="checkbox"/> Lymphogranuloma Venereum                               | <input type="checkbox"/> Human Immunodeficiency Virus (HIV) Infection |
| <input type="checkbox"/> Granuloma Inguinale | <input type="checkbox"/> Syphilis, Infectious                                   |   |
| <input type="checkbox"/> Mental Retardation  | <input type="checkbox"/> Previous Occurrence of One or More Attacks of Insanity | <input type="checkbox"/> Mental Defect                                |
| <input type="checkbox"/> Insanity            | <input type="checkbox"/> Psychopathic Personality                               | <input type="checkbox"/> Narcotic Drug Addiction                      |
| <input type="checkbox"/> Sexual Deviation    |   | <input type="checkbox"/> Chronic Alcoholism                           |

### CLASS B CONDITIONS

- ☐ Tuberculosis, Not Active  
☐ Hansen's Disease, Not Infectious  
☐ Other Physical Defect, Disease or Disability:

## EXAMINATION FOR TUBERCULOSIS

### CHEST X-RAY REPORT

☐ Normal ☐ Abnormal ☒ Not Done 6 years old

Describe findings:

### TUBERCULIN SKIN TEST (See USPHS Instructions)

- ☐ No reaction  
☐ Reaction \_\_\_\_\_ mm  
☒ Not Done

DOCTOR'S NAME (Please print)

DOCTOR'S NAME (Please print)

DATE READ

DATE READ

## SEROLOGIC TEST FOR SYPHILIS

- ☐ Reactive Titer (Confirmatory test performed - Indicate treatment under Remarks)  
☐ Nonreactive  
☒ Not Done

TEST TYPE:

## SEROLOGIC TEST FOR HIV ANTIBODY

- ☐ Positive (Confirmed by Western Blot or equally reliable test)  
☐ Negative  
☒ Not Done

TEST TYPE:

DOCTOR'S NAME (Please print)

DATE READ

DOCTOR'S NAME (Please print)

DATE READY

## OTHER SPECIAL REPORT(S) (When needed)

Urine analysis= normal ; Stool analysis= Negative

Dr. Aiyer  
DOCTOR'S NAME (Please print)

## REMARKS

## APPLICANT CERTIFICATION

I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed. The information on this form refers to me.

Samir Zafar Khan  
Signature02-19-92  
Date

DOCTOR'S NAME (Please type or print clearly)

DOCTOR'S SIGNATURE

DATE

Dr. Fuad A. Yafi

23-2-92

RIYADH

50157-103

OPTIONAL FORM 157  
REVISED 2-88  
DEPT. OF STATE

\*U.S. Government Printing Office: 1989-250-926/00306

# OBEID HOSPITAL

Farazdak St. - Al Malaz

P.O.Box 3484 Riyadh 11471

Tel. 476 2635/476 4536/477 8396



مستشفى عبيد

شارع الفرزدق - الملز

ص. ب ٣٤٨٤ الرياض ١١٤٧١

تلفون ٤٧٧٨٣٩٦/٤٧٦٤٥٣٦/٤٧٦٢٦٩٥

Patient Name : Samir Zafar Khan

Physician : Dr. AL Yafi

File No. 65056

Lab. No.

Age

Sex

Date Drawn

19-2-92

Rm No. US Med.

Date Requested

Date Reported

## CLINICAL CONDITION

### STOOL ANALYSIS

Color : brown Occult Blood :  
Consistency : formed Blood :  
Mucous :

### ( MICROSCOPIC )

WBC RBC BACTERIA

PARASITES negative

Undigested Materials :

Others

### URINE ANALYSIS

COLOR yellow Character : clear

PH. acidic

(Microscopic)

SP. GR. -

Protein nil

Rbc: - /hpf Wbc 0-1 /hpf

Sugar nil

Epith: few

Ketone

Cast

Blood

Ca. Ox

Bilirubin nil

Uric Acid

Urobil

Urate's few

Nitrite

Parasites

Others

PREGNANCY TEST : Tube/Slide :

Sputum for AFB :

OTHERS (SPECIFY)

TECHNICIAN

PATHOLOGIST

OH-20

10

PATIENT COPY

# OBEID HOSPITAL

Farazdak St. - Al Malaz

P.O.Box 3484 Riyadh 11471

Tel. 476 2666/476 4536/477 8396



مستشفى عبيد

شارع الفرزدق - الملز

ص. ب. ٣٤٨٤ الرياض ١١٤٧١

تلفون ٤٧٧٨٣٩٦/٤٧٦٤٥٣٦/٤٧٦٢٦٩٥

Patient Name : Waleed Lalei Khan Physician : Dr. Ali Salem

File No. 0000 Lab. No.            Age            Sex            Date Drawn:           

Rm No.            Date Requested            Date Reported           

## CLINICAL CONDITION

### STOOL ANALYSIS

Color : BROWN Occult Blood :             
Consistency :            Blood :             
Mucous :           

### ( MICROSCOPIC )

WBC            RBC            BACTERIA           

PARASITES NEGATIVE

Undigested Materials :           

Others           

### URINE ANALYSIS

COLOR yellow Character :           

PH. acidic

#### (Microscopic)

SP.GR.           

Protein +++ Rbc:            /hpf Wbc:            /hpf

Sugar nil Epith:           

Ketone            Cast           

Blood            Ca. Ox           

Bilirubin nil Uric Acid           

Urobili            Urate's few

Nitrite            Parasites           

Others           

PREGNANCY TEST : Tube/Slide :           

Sputum for AFB :           

OTHERS (SPECIFY)           

TECHNICIAN

PATHOLOGIST

OH-20